

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

FOR USE WITH FORM PTO-875

SERIAL NO.

10/566291

FILING DATE

10/566291

APPLICANT(S)

1/25/04

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7		1				51						
2			7	4			52						
3				1			53						
4					1		54						
5						1	55						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY